

Home Health Technical Advisory Committee Meeting Minutes

September 23, 2014

Technical Advisory Committee (TAC) members present:

Susan Stewart- KHCA-Appalachian Regional Healthcare Home Care
Billie Dyer-MEPCO
Sharon Branham-KHCA, Highlands Home Health

Department for Medicaid Services (DMS) staff present:

Gregg Stratton- Division of Community Alternatives, HCBS Branch Manager
David McAnally- Division of Program Quality and Outcomes, WellCare Liaison
Ellenore Callan, RN, NCI- Division of Community Alternatives, HCBS Branch
Erin Varble- Division of Community Alternatives, Director's Office

Managed Care Organization (MCO) Representatives present:

Mary Hieatt- Humana Caresource
Helen Homberger- Humana Caresource
Peg Patton- Anthem
Matt Fitzner- Anthem
Holly Garcia- PR Supervisor- Coventry
Kathy Clements- UM Manager- Coventry

Others present:

Pam Smith- HP
Nikki Martin, RN- HP
Arianna Afshari- KHCA

The Home Health Technical Advisory Committee (HH TAC) met on September 23, 2014 at 11 AM.

- I. Meeting was called to order by Sharon Branham, KHCA.
- II. Kentucky Home Care Association- Sharon is acting Director.
 - a. They are actively advertising for the position and holding interviews.
- III. 5 positions for the KHCA TAC appointees.
 - i. Appointed Billie Dyer with MEPCO Home Health.
 - ii. Public Home Health Agency. Serves a large population.
 - iii. Been with the Association for many years.
- IV. Introductions were made.
- V. Motion was made, seconded and approved to accept the minutes from the July 22, 2014 meeting.
- VI. OLD BUSINESS
 - a. Program Codes- Posted by Ronji on the HH TAC website with the minutes from May 2014.
 - b. Medicaid Private Duty:

Home Health Technical Advisory Committee Meeting Minutes

September 23, 2014

- i. Sharon hasn't had any new reports.
 - ii. Pam update for Fee for Service side.
 - 1. Incorrect information last meeting. Cannot use HH provider number. You have to have Private Duty Nursing provider number.
 - 2. Had 2 enrolled: one in Fayette and one in Jefferson County.
 - 3. Pam to send Sharon the enrollment application.
 - 4. Sharon can send it as an attachment to providers.
 - iii. Rates ever settled?
 - 1. Fee schedule posted for supplies.
 - 2. Nursing units are in the Regulation.
 - 3. Rates for supplies are same as HH for PDN.
 - iv. Time frame for enrollment?
 - 1. Have to get with Provider enrollment for a time frame.
 - v. Sharon didn't get the 13 PDNs within the state. Will follow up.
 - vi. Some Model II clients and more complicated HCBW clients could benefit greatly from PDN, once everything is up and running.
 - c. Provider Enrollment Update with respect to expansions:
 - i. Any issues?
 - 1. Currently all is quiet.
 - 2. Dept. for Public Health, haven't received the contract with 3 new providers yet.
 - 3. People in the Public Home Health Alliance (PHHA) can't take those clients.
 - 4. Passport has, but hasn't heard back from DPH yet. Heard nothing from Humana or Anthem.
 - 5. Anyone have a breakdown of the # of enrollee's in different MCO's?
 - 6. Sharon may be able to get information at MAC on Thursday.
 - d. Language changes:
 - i. Only heard from one individual that had concerns with perceived issues.
 - ii. Limits on therapies haven't changed.
 - iii. Billing for services without a PA. Incident reporting. Nothing has changed with these items. They are certified HH mandates.
 - iv. Issues with soft limits. (therapies)
 - v. Incident and billings may be in provider regulations if not in HH reg.
 - e. Faxing PA's?
 - i. Haven't had any new complaints about this.
 - f. David sent MCO listing.
 - g. Billy is new appointee taking over Brenda Hagen's old position.
 - h. Hospice, HH and PDN all going to \$500 licensure fees. At next licensure recert.
- VII. Good news: NO MORE CON's for providing services for one individual.
- a. If one person needs services and the licensed provider can't provide, then another provider can provide the services without having to get a CON.
 - b. If more than one person needs the service, then a CON is required.
 - c. Holly- Do they have to get a written letter saying they can't provide.
 - i. No this has changed. In the last CON newsletter.
 - ii. Sharon to send to Erin.

Home Health Technical Advisory Committee Meeting Minutes

September 23, 2014

- iii. If need further info. Contact Michelle Bushong or Diona Mullins in the Office of Health Policy.
- VIII. Medicaid Open Enrollment?
 - a. October 27th – December 12th.
- IX. Supplies- issues getting them to patients.
 - a. Home Care Association- going through a Medicaid Audit, due to supplies they supply to group homes.
 - i. Supplying under “supply only” under traditional Medicaid.
 - ii. Sharon to get more information to Pam.
 - b. Residential facility should be supplying supplies already.
 - c. Perhaps a SCL patient that goes to an Adult Day Care facility.
 - i. Want to know if patient is actually receiving those supplies or if they are going to others in the facility.
- X. Vicki Turner- wonderful job post hospitalization.
- XI. MCO Doctors still won’t approve 6 weeks of treatment for pic(?) lines. They will approve 3 weeks, but causes more paperwork for HH agency.
 - a. Can we get a standardized approval for 6 weeks of treatment for Pic lines?
 - b. Holly- will take back and see what she can find out.
 - c. Some MCO’s have admissions department that have all the HH patients PA’d before hospital discharge. However haven’t seen that happen.
- XII. Waiver plan of correction from 2010, 2011, 2012. Little excessive.
 - a. Very behind, had to get those issues addressed before we can move forward.
 - b. Huge amount of work on agencies part.
 - c. HCBW home page, staff training implementations.
- XIII. Revalidation Letter form Commissioner- What are you supposed to do?
 - a. Have to have been revalidated by CMS within last 2 years for Medicaid to accept.
 - b. Must have all information or Medicaid will suspend provider number.
 - c. Must act quickly.
- XIV. HCBW Changes.
 - a. Worked on weekly.
 - b. Keep pushing release date.
 - c. Application of waiver must be revalidated in June or July of 2015.
 - d. Group been working with Commissioners Anderson and Kissner and Secretary Haynes.
 - i. Got to the table late in the game. Didn’t get to view waiver prior to submission to CMS.
 - ii. Lots of conflict within services being provided.
 - a. i.e. Therapies can be provided, yet therapies are a skill, so how will that work without taking you back to Medicaid.
 - e. Meeting with Secretary Haynes, Commissioner Kissner and Commissioner Anderson on Oct. 10th.
 - i. Hopefully will be able to work out a lot of issues or it will never work.
 - ii. Report back to us at next meeting.
 - f. Agencies don’t get paid enough currently to really cover people on the waiver, however under new waiver, will be getting paid even less.
 - i. Will lose a lot of providers.

Home Health Technical Advisory Committee Meeting Minutes

September 23, 2014

- XV. Pending Authorizations handout to the MCO's that have issues to be resolved.
 - a. Karen.Bledsoe@st-coaire.org
- XVI. MCO's- Anything new happening?
 - a. Coventry- new ETNA systems- end of first quarter next year.
 - i. Rejections-auditing systems to reduce them. If your paperwork doesn't match state file, you will get rejected.
 - b. Anthem- New logo for the Medicaid participants.
 - i. 10/1- separating Medicaid patient billing and standard patient billing. Come on different Remits.
- XVII. Home Health Agencies provide supplies to both Medicaid/Medicare patients.
 - a. Families are unhappy with the quantity of supplies.
 - b. How do you handle that situation?
 - i. Caps put on incontinent supplies because people were requesting more than humanly possible to use.
 - c. Families can get rather nasty about this issue.
- XVIII. Next meeting is November 6th.
- XIX. Adjourned.